

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>hm</i> | <i>10</i> | <i>05-25-01</i> |
| FORMALITY REVIEW | <i>SH</i> | <i>1025</i> | <i>06-27-01</i> |
| RESPONSE FORMALITY REVIEW | <i>SK</i> | <i>809</i> | <i>11-14-01</i> |

09/846727

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)..... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
stamp additional sheet here

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